

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

Application or Docket Number

09/672183

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

RATE	FEES
BASIC FEE	395.00
<input type="checkbox"/> X 25	
<input type="checkbox"/> X 100	
<input type="checkbox"/> +180	
TOTAL	

OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	790.00
<input type="checkbox"/> X 50	
<input type="checkbox"/> X 200	
<input type="checkbox"/> +360	
TOTAL	

13160 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	9	Minus	20
Independent	1	Minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>	

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> X 25	
<input type="checkbox"/> X 100	
<input type="checkbox"/> +180	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> X 50	
<input type="checkbox"/> X 200	
<input type="checkbox"/> +360	
TOTAL ADDT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	8	Minus	20
Independent	3	Minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> X 25	
<input type="checkbox"/> X 100	
<input type="checkbox"/> +180	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> X 50	
<input type="checkbox"/> X 200	
<input type="checkbox"/> +360	
TOTAL ADDT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	8	Minus	20
Independent	3	Minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> X 25	
<input type="checkbox"/> X 100	
<input type="checkbox"/> +180	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> X 50	
<input type="checkbox"/> X 200	
<input type="checkbox"/> +360	
TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.